



MEMBERSHIP APPLICATION FORM

PERSONAL DETAILS	
NAME:	MEMBERSHIP NO:
TYPE OF MEMBER: PHARMACIST/PSU STAFF (Please tick where applicable)	
Physical Address: Mobile No 1 2 Email:	
NEXT OF KIN: Relationship:	
Mobile	

PAYMENT DETAILS	
NUMBER OF SHARES BOUGHT (Each share is UGX 10,000)	
MEMBERSHIP FEES PAID (UGX):	
PLANNED MONTHLY SAVINGS (UGX):	
NB; ATTACH EVIDENCE OF PAYMENT FOR SHARES AND MEMBERSHIP	
MEMBERSHIP EFFECTIVE FROM MONTH OF (Not more than 2 months after registration).....	
ACCOUNT: 9030015505175 THE PHARMACISTS COOPERATIVE SAVINGS AND CREDIT SOCIETY LIMITED, STANBIC BANK NTINDA	
MODE OF PAYMENT:	DIRECT DEPOSITS ON SAACO ACCOUNT/ STANDING ORDERS/MOBILE MONEY TO SACCO ACCOUNT, AGENCY BANKING (tick whichever is applicable)

PLEASE ATTACH A COPY OF YOUR NATIONAL ID OR DRIVING PERMIT OR PASSPORT

I hereby declare that the foregoing particulars are true to the best of my knowledge and belief and agree to abide by the byelaws of the Society (Pharmacists Sacco), its policies and any variations by the executive Committee, in respect of application details above.

Name Signature Date

FOR OFFICIAL USE ONLY

CHAIRPERSON	
SECRETARY	
TREASURER	